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Atty. Dkt. No. 70191/286 (31-CD-5666)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Rowlandson et al.

Title: METHOD FOR ORGANIZING AND
USING A STATEMENT LIBRARY
FOR GENERATING CLINICAL
REPORTS AND RETROSPECTIVE
QUERIES

Appl. No.: TBD

Filing Date: 12/22/00

Examiner: TBD

Art Unit: TBD

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231	
EL640468583US	12/22/00
(Express Mail Label Number)	(Date of Deposit)
Karen Meier	
(Printed Name)	
	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Gordan Ian Thomas Rowlandson
Carol Thompson Tumey
Daniel Mark Saar

Enclosed are:

- [X] Specification, Claim(s), and Abstract (26 pages).
- [X] Informal drawings (11 sheets, Figures 1-14).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to GE Medical Systems Information Technologies, Inc.
- [X] Assignment Recordation Cover Sheet.
- [X] Information Disclosure Statement.
- [X] Form PTO-1449 with copies of 1 listed reference.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	35	- 20	= 15	x \$18.00	= \$270.00
Independents:	5	- 3	= 2	x \$80.00	= \$160.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
				SUBTOTAL:	= \$1140.00
[] Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$1140.00

- [X] Please charge Deposit Account No. 07-0845 in the amount of \$1140.00. A duplicate copy of this transmittal is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 22, 2000

By Alistair K. Chan

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